

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO 470)**

SERIAL NO.
10748109
APPLICANT

FILING DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	NO.	OFF.	NO.	OFF.	NO.	OFF.
1	1		1			
2		1		1		
3		1		1		
4		1		1		
5		1		1		
6		1		1		
7		1		1		
8	1		1			
9		1		1		
10		1		1		
11		1		1		
12		1		1		
13		1		1		
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15		1		1		
16		1		1		
17	1		1			
18		1		1		
19	1		1			
20	1		1			
21		1		1		

23		1		1		
24	1		1			
25		2		2		
26		2		2		
27		2		2		
28		2		2		
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30		2		2		
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44		2		2		
45		2		2		
46		2		2		
47		2		2		
48		2		2		
49		2		2		
50		2		2		
TOTAL NO.	2		2			
TOTAL OFF.	195		197			
TOTAL	200		204			

	NO.	OFF.	NO.	OFF.	NO.	OFF.
61				1		
62				1		
63				1		
64				1		
65						
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99						
100						
TOTAL NO.						
TOTAL OFF.						
TOTAL						